Date of onset

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

FOR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	-1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 1861	3 days ago
		1 13/13	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

STATE OF MARYLAND—CERTIFICATE OF DEATH 088972 of infor-OCCUPA-1. PLACE OF DEATH should item Jo Every PHYSICIANS Length of residence in city or town where death occurred statement (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 3. SEX 4. COLOR OR RACE FOR BINDING classified 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 国 6. DATE OF BIRTH (month, day, and year) certificate, 7. AGE Months If LESS than Days 1 day, ....hrs or .... min. 8. Trade, profession, or particular OCCUPATION MARGIN RESERVED kind of work done, as SPINNER, of SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... back may should 11. Total time (years)
spent in this 10. Date deceesed last worked at instructions on this occupation (month end so that occupation \_\_\_\_\_ 12. BIRTHPLACE (city or town) (State or country) terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) in plain (State or country) be carefully MOTHER 15. MAIDEN NAME important. OF DEATH 16. BIRTHPLACE (city or town) (State or country should very (Address) 18. BURIAL, CREMATION, OR REMOVAL CAUSE TION is mation 19. UNDERTAKER (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Wall

(J3J)
Registration Dist. No. 238
death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
terquif U.S. Veteran specify WAR.
JEA., Oa Ward.  If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH Quy. 29, 193 7 (Yegr)
22. I HEREBY CERTIFY. That I attended deceased from  1937, to Rug. VI., 1937.  1 last saw h. L. alive on Rug. VI., 1932; death is said to have occurred on the date stated above, et a. M. m. araug. Y.
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  Date of onset
fællere.
4
Other Contributory Canses of importance:  Hyper Custom Cardio - Usseula  Hendl-dure and
Cerebray Hunarrhage - Iday
What test confirmed diagnosis? Rauful Was there an autopsy?
23. If death was due to external causes (VIOL ENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did Injury occur?(Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
4
Manner of Injury
Neture of injury
24. Was disease or injury in any way releted to occupation of deceased?
(Signed) 1606 20 Th The

V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- UNEAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
County Dy Stages	Registration Dist. No.
Village or City / Allungham	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Camuel At, Basele	LL If U. S. Veteran, specify WAR
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of the Boswell	22. HEREBY CERTIFY, That I attanded deceased from 1937 to Slug 1937
6. DATE OF BIRTH (month, day, and year) Que . 15 1866	I last saw h is alive on Deg 19 19 1927; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at
7/ 6 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date dacaased lest workad at this occupation (months and the control of the second lest work and the second lest worked at this occupation (months and the second lest worked lest wo	Date of onset
Mindustry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
11. Total time (yaars) spant in this yaar) occupation (month and 1936 yaar) occupation	
Burnah 1.	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) White (Stata or country)	
13. NAME Viseriano Boswell	
13. NAME Villa and Boswell  14. BIRTHPLACE (city or town) / Spandy wom med	Name of operation
(State or country)	Whet test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Mary Jones	23. If daath was due to external ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary Jones  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Elizabeth Light a well (Address)	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Upper angulow Date Lug Let , 199/	Neture of injury
19. UNDERTAKER STITESTE Bross	24. Was disaase or injury in any way related to occupation of deceased? 24.
20. FILED Aug 20, 1937 Ernest V. Farner Registrar.	(Signad Milleam of t. Tibbons M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE WALL		The second second	
- S.	77		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

RESERVED

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· revu	9.	7781		
V, Ch	1	BUREAU		
Other contributory causes of importance:	9	· Other contributo y causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 8975
1. PLACE OF DEATH	119
County Trance George	Registration Dist. No. 245
Village or City Hagettsville	No. St., Ware
	If death occurred in a hospital or institution, give its NAME instead of street and number)  15ds. How long in U.S. if of foreign birth?
	n-sele
2. FULL NAME Joseph	If U. S. Veteran, specify WAR
(a) Residence: No. 14 many 10 (Usual place of abode)	Mard.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH
mal o white OR DIVORCED (write the word)	Ging 12 1937
a. If marriad, widowad, or divorcad	(Meath) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased fro
12111931	- Use 11 , 1927, to Mis 12 , 1921
DATE OF BIRTH (month, day, and yeer)	liast saw horm aliva on
AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, affile.m.
// ormin.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importance ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER.	Gant Dearrheat acute
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Slitis
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at 11. Total time (years)	-
this occupation (month and spent in this year)	
Mach DC	Other Contributory Canses of Importence:
(State or country)	Jany Musi Over Hick Tox
13, NAME Edgar Copeland	- assump & Mysses
1 10	nores
(Stata or country)	Name of operation Date of
	Whet test confirmed diagnosis? Warve Was there en eutopsy? M
F / /	23. If death was due to axtarnal causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
7 1 10 11	Where did injury occur? (Specify city or town, county and State)
(Address) It seem to the the seem of the s	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	M
Place Cedar J-till Com Date Cing 14, 193/	Manner of Injury
MWEL 1.	Nature of Injury
19. UNDERTAKER 1. 1. Orombia Co	24. Was disease or injury In any way related to occupation of deceased?
(Addrass) 918 Eleveland in Threidaly M	alf so, specify
20. FILED lug 13, 1937 Mrs. fra Dever es	(Signed) 14 M M.
Registrar.	(Addrass) ANATANAAL MA
if more viants are necaea, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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1 35P 0 1 1 5			
Other contributory causes of importance:		Other contributory causes of importance:	
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DUREST V. S.			
Other contributory causes of importance:	W	Other contributory causes of importance:	
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	21.001		210-m	37
County / run ac	1 co		Registration Dist. No.	
Village or City Marl	here death occurred	/ .	NoSt, death occurred in a hospital or institution, give its NAME instead of street ads. How long in U.S.If of foreign birth?yrs	and number)
2. FULL NAME 2011	1 53	alas		
(a) Residence: No.	om-	Bud.	St., Ward.	
PERSONAL AND STAT	(Usual place		If nonresident give city or town  MEDICAL CERTIFICATE OF DEAT	
. SEX 4. COLOR OR RACE	1	RIED, WIDOWED,	21. DATE OF DEATH	•
male evlore		D (write the word)	(Month) (Day)	, 193 7 (Veer)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22.   HEREBY CERTIFY That I etten	ded deceased from
	4 91 .		Mug 1 ,1932, to Aug 1	, 19.
AGE Years Month	o Oays	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12:194m.	; deeth is seid
0/1		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Cate of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month end year)	11. Total t	ime (years) nt in this upation	Fractive Shull	
2. BIRTHPLACE (city or town)	mu , 3	ud:	Other Contributory Causes of importence:	
13. NAME Schemak	Hongla	-	LVLE prepages V. I.	
14. BIRTHPLACE (city or town) (State or country)	nu les . C	20 " Md "	Name of operation 1990 Oete	of
16. BIRTHPLACE (city or town	Berk	y = 1	23. If death was due to external causes (VIOL ENCE) fill in elso the follo	wing:
16. BIRTHPLACE (city or town) (State or country)	ac sus co	Md.	Accident, suicide, or homicide? Accident, suicide, or homicide? Accident, Sate of injury  Where did injury occur? Mary home	7
7. INFORMAN AND LOSS	Mille	1	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	State) PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Date A	24 4,1937	Manner of injury . Authorship Oct.  Neture of injury 94. 9. Quadenson Oct.	come
9. UNDERTAKER 9.	John	ign	24. Was disease or injury in any way related to occupation of deceased	7
(A) (ress)	A Super	CAR H	(Signed) Janua & Jane	M. (
20. F(LED'S) 20. , 19.0	Low	Registrar.	(Address) Wally	NO MA

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 6 1331	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE I	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 8978
1. PLACE OF DEATH	
County Orince Leorge.	Registration Dist. No. 233
Village or City Forestrilled	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME EDWARD (HARLES EV	ANS. If U. S. Veteran, specify WAR.
(a) Residence: No. R. D. #1 - Fromestrelle M	4. St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mute 5. SINGLE, MARRIED, WIDOWED, OR DIWORCED (write the word)	21. DATE OF DEATH Sugust 3rd (Pay) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WHEE of  Many Cora Econe	22. I HEREBY CERTIFY, That I attended daceased from
00.16/1077	July ( 1957, 10 Clary 3 , 1937
6. DATE OF BIRTH (month, day, and year)	Mast saw h. Mass aliva on Charge 3 , 19 3 /; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date steted ebova at 20.000 Pm.  The PRINCIPAL CAUSE OF DEATH and related causas of importence
019min.	wera as follows: Date of onest
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Teft Tlearal (ffusion
SAWYER, BOOKKEEPER, atc.	Educe (un hus hope)
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	parobably Caspline. July 173
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9.Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end year) occupation	Cardia Empolis Day 378,
Butto	Other Cantributory Causes of importanca:
12. BIRTHPLACE (city or town) Montana (Stata or country)	General Welse
	V Marine
13. NAME 14. BIRTHPLACE (city or town) Thhron	13000 C.C. Iluid
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? They - Was there an eutopsy? My
15. MAIDEN NAME Celisia Croberts  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causas (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
(State of country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Ass. Harry Curus	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) (A.D.#/- Porestulle, M.d.	
Place Ht. Junioln Date Bug. 64, 37	Manner of injury
1.(1/01 0	Nature of injury
19. UNDERTAKER W. W. Kambers ( )	24. Was disease or injury in any way related to occupation of deceased?
(Address) 5//-1/21.3.E11.2.6.	If so, specify
20, FILED QUG-5- 1937 Those D. Geffelle.	(Signed) Tank Can Make M. D.

N. B.—

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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#### Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritts 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF of pluods County Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? PHYSICIAN (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Sugle (Day) 5a. If married, widowed, or divorced HUSBAND of ERTIFY. That i attended deceesed from (or) WIFE of March 18 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than I day ....- hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. Date of enast 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... School 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may back 10. Data deceased last worked at 11. Total time (years) this occupation (month end spent in this occupation 12. BIRTHPLACE (city or town (State or country) OSCar FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) carefully MOTHER Carrie important. 15. MAIDEN NAME in 23. If death was due to external ceuses (VIOLENCE) fill in also the following: Maryland OF DEATH Accident, sulcide, or homicide? ..... Date of Injury ...... 19\_ 16. BIRTHPLACE (city or town) ..... (State or country) Where did injury occur?\_\_ pe (Specify city or town, county and State) 1256 Carrollsburg 14 plnods Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT very (Address) 18. BURIAL, CREMATION Manner of injury CAUSE mation LION Neture of Injury ... 24. Was disease or injury in any way related to occupation of deceased (Address) if so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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S. No.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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1. PLACE OF DEATH	(21)	500
County Trince Sevise	Registration Dist. No. 2	32
Village or City When marlhoro.	NoSt.,	Ward
	f death occurred in a horpital or institution, give its NAME instead of street and nurseds. How long In U.S. if of foreign birth?yrsmos.	
THE SE	×1	
2. FULL NAME homas Sylus	If U. S. Veteran, specify WAR	• • • • • • • • • • • • • • • • • • • •
(a) Residence: No. Appl malla (Usual place of abode)	St., Ward.  If nonresident give city or town and St	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	late
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
mule Colored OR DIVORCED (write the word)		193
5a. If marriad, widowed, of divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended da	ceasad from
6/11/18/16	, 19, 10	, 19
6. DATE OF BIRTH (month, day, and year)	11105 Dx	deeth Is said
7. AGE Yaars Months Days If LESS than I dey,hrs.	to heve occurred on the date stated ebova, at	
8. Trada, profession, or perticular	and an fallacine	Date of onsst
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Pulmenary Tuher culosis	1932
Industry or business in which	1 MATERIA AND TO COLOR	1.7.2.1
work was done, as SILK MILL, SAW MILL, BANK, etc	-	
year) occupation	Other Contributory Causes of Importanca:	
12. BIRTHPLACE (city or town)		
(State or countly)	Henday anima	1.933
13. NAME / West South	1 10 10 10	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of Data of	100
El	Whet test confirmed diagnosis?	topsy?
II.	23. If deeth wes due to external causes (VIOL ENCE) fill in also tha following:	
State or country)	Accident, suicide, or homicide? Date of Injury	, 19
00 =	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	
(Address) MALES TO CA CLOSS	Harry Guderson J. O.	,L.
18. BURIAL, CREMATION OR REMOVAL	Mannar of injury tectures for or or	er.
Place Septer murbora Date Jefn 3, 13/	Nature of injury	
19. UNDERTAKER 13. At Language	24. Was disease or Injury In eny way ralafed to occupation of decaased?	W
(Addysss) Amountally	If so, spacify	
20 FILED SAN 2" 137/ Russ from	(Signed) James for fust eve	M. D.
20. FILED STATE Registrar.	(Address) Upfor Marehan	w.
If more blanks are needed, address State-Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.	10

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

Dr Weiter

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· ·	Example I	7	Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CED 6 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUSEAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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	CERTIFICATE OF DEATH 8982
1. PLACE OF DEATH	95-2
County France Eleo.	Registration Dist. No. 2 3 d
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town what death occurredyrsmos	ds. How long in U.S. If of foreign birth? yrs. mos. ds.
1. A. A. A. M. A. M.A.	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
Male white Surge word)	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) How. 17 1853	1 last saw hached alive on 8 - 14 , 1937; death is said
7. AGE Yaars Month Days If LESS than	to have occurred on the data stated above, at _3. Qm.
83 8 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance wara as follows:
Trada, profession, or particular kind of work dona, as SPINNER, Tescher SAWYER, BOOKKEEPER, etc.	Chr. Mysentiles 1920
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (months od.)  11. Total time (years)  12. Total time (years)	and carline
10. Data deceasad last worked at this occupation (month) and spant in this	Marina : Caused for retention
yaar)octupation	Other Coutributory Causes of importance from hypertrophy of directotes
12. BIRTHPLACE (city or town). (State or country)	A to Sweation of warney : 2 mos
13. NAME (Jech Hoffman  14. BIRTHPLACE (city or toll)	Hypestrojsky Grostal 1876
4. BIRTHPLACE (city or take)	Name of operation Date of
1 Clarate of contract	What tast confirmed diagnosis? Was there an autopsy? Aco
15. MAIDEN NAME Mary fester  16. BIRTHPLACE (city or town)	23. If daath was due to axtarnal causas (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Date of Injury, 19
(Stata or agantry) (Cermany	Where did Injury occur?
17. INFORMANT 15 Gabriel Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Morden dale me pate ling 1, 193	Nature of Injury
19. UNDERTAKER CALLED CONTROL (Addiass)	24. Was disaasa or injury in any way ralated to occupation of deceased? 40
20. FILED aug 16-, 1937 Orbins Smith	(Signad) B Wary M. D.
Registrar.	(Addrass) Talene wy
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones BUREAU V. S.	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 No Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	li li	Example II	
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Chronic interstitial nephritis	1921	Run over by streel car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 60 4 KV			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or fown where death occurred PHYSICIAN (a) Residence: No. 612 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) urdoniea BINDING 5a Af married, widowed, or divorced HUSBANO of CERTIFY That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years If LESS than Months 1 day,\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. RESERVED SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc..... may plnods 10. Dete deceesed last worked at 11. Total time (yeers) this occupation (month and spent in this occupation MARGIN (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). Neme of operation in plain (State or country) carefully MOTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_ OF DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMANT plnods (Address) 18. BURIAL, CREMATION, OR Manner of injury CAUSE LION Nature of Injury. 24. Was disease or Injury In app way related to occupation of deceased? 19. UNDERTAKER (Address) of so, specify Registrar. (Address) 22 If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 6 1937	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH pluods Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city of town where death occurred \_\_\_\_\_ How long in U.S. if of foreign birth?\_\_ statement PHYSI (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Year) BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. CERTIFY. Thet I attended deceased from 6. DATE OF BIRTH (month, day, and yeer) 7. AGE **Yaars** Months Days If LESS than to have occurred on the date stated alloye, at 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance or ..... min. Data of enset 8. Trade, profassion, or particular TION kind of work done, as SPINNER. RESERVED SAWYER, BOOKKEEPER, atc. 9. Ludustry or business in which may back PA work was dona, as SILK MILL. SAW MILL, BANK, etc ..... 10. Date deceased last worked at 1t. Total tima (yaars) this occupation (month and spent in this occupation \_\_\_\_\_ MARGIN t2. BIRTHPLACE (city or town) (State or country) 13. NAME See Name of oparation. t4. BIRTHPLACE (city or town). plain FA (Stata or country) efully What tast confirmed diagnosis?\_ ----- Was thera an autopsy?\_\_\_\_ MOTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE), fill in also the following: E Date of Injury aug 4 DEATH 16. BIRTHPLACE (city or town). (Stata or country) (Specify city or to who, county and State)
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SEP 8 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			(A) (A)

ADDITIONAL SPACE	CE FOR FURTHER STATEMENTS BY PHYSICIAN .
Decessed was a blind-deaf-dum	be cripple who accidently ignited bed ctothing while
attempting to light again. I Suga	uest held immediately the Justice of Jeans Thed lo Luty
probable Mq.	THE STATE OF
	Thurs Ontallingly nit

- Beet Bens

BINDING

FOR

MARGIN RESERVED

S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	555 8 1817	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.	12		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street care.	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	3 2	AUG IN	
Gallstones LUREAU V.	May 1,1923	Other contributory causes of importance?  Gastroenteritis	1 year
Leaves and the second s		6	

of OCCUPA-

See instructions on back of certificate.

TION is very important.

1. PLACE OF DEATH	ail
County Trucks denge	Registration Dist. No. 238
1 2 9 1 0 100	
Village or City Maler full Miles	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME hulia Losa Lana	ley, If U. S. Veteran, specify WAR
(a) Residence: No. Silver Hill Told	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR, RACE OR, DIVORCED twite the word OR DIVORCED twite the word	21. DATE OF DEATH  (Month)  (Dey)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of G. Landley:	22. I HEREBY CERTIFY, That I attended decaased from Qua 14 , 1937, to Qua 15 , 1937
6. DATE OF BIRTH (month, day, end year) June 8th 1877	I last sawh le alive on aug 15 , 1937; death is said
7. AGE Years Months Days If LESS then I day,hrs.	to have occurred on the date stated above, at 3. 13 / m.
60 ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER,	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL.	Coronary seclurian
work was done, as SILK MILL, SAW MILL, BANK, etc.	
0 10. Date dacaesed last worked at 11. Total time (years)	
this occupation (month end spent in this year)	
12 BIRTURI ACE (situations)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	Applettant
13. NAME John Stans	
13. NAME JOHN Storms  14. BIRTHPLACE (city or town)	Name of operation. Date of
14. BIRTHPYACE (city or town)	Name of operation Date of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MARANMER.	
E TOOG GOOD	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Frank In Langley.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / 22 6 . S . S . S . S . S . S . S . S . S .	Manual Control of the
Place O XON. # 144. md Date 8-18 19 37	Nature of injury
19. UNDERTAKER MM Chambey Co.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 8/1 137 Kens Fruencau	(Signed) Catterine Johnson M. D.
Registrar.	(Addrass) 2904- Thickols and S

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and relation of importance were as follows:	ated causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 5 5 5 5	VE 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1937 July 5, 1927	Peritonitis	3 days ago
BUREA	U V. S.		
Other contributory causes of importa	nce:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN			

V. S. No. 1 N. B.—

## STATE OF MARYLAND-CERTIFICATE OF DEATH

8989

1. PLACE OF DEATH			72-0	
County Prince	George	S	Registration Dist. No.	9
Village or City Seat	Bleado	sont.	No. Control St., death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
Length of residence In city or town where	deeth occurred		ds. How long In U.S. If of foreign birth?yrsmos	
2. FULL NAME Stella	Hamile	ton Lone	less If U. S. Veteran, specify WAR	
(a) Residence: No. Centr	al ane	Leat Pleas	and St., Ward.	
	(Usual place of		If nonresident give city or town and State	
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
sex 4. color or RACE white	5. SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEATH (Month) (Day)	3 Z (Year)
5a. If married, widowed, or divorced HUSBARD 61 (or) WIFE of	2 Love	lesa	22. I HEREBY CERTIFY, That I attended dece	750
6. DATE OF BIRTH (month, day, and year)	narch 2	0, 1857	I last sew h a allve on august b , 19.3.7; de	
7. AGE Years Months	Days	If LESS than	to heve occurred on the dete stated above, at	
80   4	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:	ta ol onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housen	de	myllogenous Kenkemia he	4.1,19
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				ļ
10. Date deceased last worked at this occupation (month and year)	11. Totel tim spent occup	ne (years) in this ation		
12. BIRTHPLACE (city or town)	Mit		Other Contributory Canses of Importance: Contlerio sellesotion Cant. Descare.	1920
13. NAME Eugene	- Shear	que		
14. BIRTHPLACE (city or town) (State or country)	who	1	Name of operation Date of Was there an autop	
15. MAIDEN NAME Stella Ha	milton	therone	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	371220230
15. MAIDEN NAME Stella Ha  16. BIRTHPLACE (city or town)  (State or country)	ma	44	Accident, suicide, or homicide? Data of injury  Where did injury occur?	, 19
17. INFORMANT Sora & (Address) artisl are. S	Rother	ell ma	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Branch	tey Dete Bug	97,1937	Menner of Injury	
19. UNOERTAKER W. W. (Address)	lamles (	Parl DO	24. Was disease or Injury In eny way related to occupation of deceased?	
20. FILED lug 8# , 1937 9	hrs &	Queas	(Signed) William Branning  (Address) Capital Heights ma	M. D.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Dete of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:

	item of	should	of OC	
	RD. Every	IXSICIANS	statement	
	REC	T. PH	Exact	
INDING	RMANEN	XACTL	classified.	
FOR B	IS A PE	stated E	properly	cortificate
MARGIN RESERVED FOR BINDING	RITE PLYNLY, TH UNFADING INK-THIS IS A PERMANEN RECARD. Every item of	sion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	M :- nous immostant Con instanctions on healt of contificate
3	RITE PLANTY,	ion should be care	USE OF DEATH	N is nort imports

1. PLACE OF DEATH County Finer	Leonges	Registration Dist. No.223
Village or City Description		No. St., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)  as, / / ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME (a) Residence: No.	(Usus place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 14 , 193 , 7
5a. If married, widowed, or divorced (or) WIFE of Hober	t matthews	(Month) (Day) (Year)  22. I HEREBY CERTIFY, That I attended deceased from 19.37, to
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day,hrs	I HE LYINCIL AT CHOSE OF DEVILL and related canses of imbolitaire
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housekeepen	were as follows:  Date of onset  Date of onset
SAW MILL, BANK, etc	11. Total time (years) spant in this occupation  Consumation	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town)	Lown L	Name of operation Date of
(State of Country)	100	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	cella	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT (Address)  18. BURIAL CREMATION, OR REMOVAL	al Cemely 17 3	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury
19. UNDERTAKER Francis (Address) Refutte	Casche Sono	Nature of injury
20. FILED aug 16, 1937	Allen May Ton To Lay Registrar. To blanks are needed, address State Registra	(Signed) M. (Address) M. (Addre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1910	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
( Par all and			
Other contributory causes of importance,		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- BB 8991
County Orince Leonge	Registration Dist. No. 235
Village or City Switland Md	ND. St. Ward
1	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME ANNA GERTAUDE MAY	HEW. If U. S. Veteran, specify WAR
(a) Residence: No. Servings D.C. G. #/ (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (waite the word)  Married  Married  Married	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowad, or divorced (or) WIFE of Clinton W. Mayhen	22. I HEREBY CERTIFY, That I attended deceased from 1936, to Query 7, 1937.
6. DATE OF BIRTH (month, day, and year) Feb. 4 1881  7. AGE Yaars Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the data stated above, at 8 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, However Bookkerper atc	Carcenoma of april
9, thoustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked all this occupation strint and 1937 spent in this occupation strint and 1937 spent in this occupation.  12. BIRTHPLACE (city or town Frice Long Control of the con	Dther Coatributory Causes of Importance:  Secondary Agains 2727
14. BIRTHPLACE (city or town)	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy? W
15. MAIDEN NAME Grailla Sopier  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT Clinton Markeus  (Address) Remained D. 4	23. If daath was dua to extarnal causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicida?
18. BURIAL, CREMATION, OR REMOVAL Place Mastons Md. Date Dug 10 = 1, 1937	Manner of injury
19. UNDERTAKER W. W. Chambers Co. (Address) 5/7-1/5 St. S.E Wash D.C.	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED 8 - 8 - , 1937 Thos D Guffills Registrar.	(Signed) Faul Class Jalla M. D. (Address) Baummy R. C. Hy
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	1PLACE	OF DEATH	YEAR IN			STATE	E OF N	MARYLAND	992
	County Pr	ince George	000000000000000000000000000000000000000		(183)		ICATE	OF DEAT	H
Vil	T	Eagle Harbo	No. (No.	layo			Ward)	/16 1AL	institu AME ir
	PERSOI	NAL AND STATIST	ICAL PARTIC	ULARS	ME	DICAL CERTIF	ICATE O	F DEATH	
3 5	Male	4 COLOR OR RACE Colored	SSINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the word		16 DATE OF DE	ATH August	21		2 <sup>7</sup>
6 0	DATE OF BIR	тн				REBY CERTIFY, 1			
		June	24	, 1 913	***************************************	192	to	0 000 000 000 000 000 000 000 000000000	, 192
	NGE	(Month)	(Day)	(Year)		occurred on the d			
80	occupation a) Trade, pr			s. or min.?	was drow while sw	ned i Par iming on l	August	21/37 e	d. t
(a point of the po	a) Trade, prarticular kin b) General n usiness, or e vhich employ SIRTHPLACE (State or col 10 NAME O FATHER	ofession or Order of of work ature of industry stablishment in ed or (employer)	ly:Emerge	s or min.?	was drow while sw Eagle Ha Aug 26/3  Contributory Dr Secondary 1  (Signed) No. Aug 26th	ned i Pariming on Indian Pariming on Indian Pariming Of Victor (Dura Of Victor (Dura Pariming Address)	August Co.Md. Condition ence, s idents idents J. Aquaso	21/37 a body rection, no mass far as al Drowni P. Act. C	the the ng.
ARENTS & 6	a) Trade, prarticular kin b) General n usiness, or e which employ BIRTHPLACE (State or col 10 NAME O FATHER  11 BIRTHPL OF FATH	ofession or Order of of work ature of industry stablishment in ed or (employer) untry)  New Yorl  Toseph l  ACE ER country)  Paris	ly:Emerge Il Months C.Y.Y. f.Mayo. Kentucky	s or min.?	was drow while sw Eagle Ha Aug 26/3  Contributory Dr . Could (Signed) 4/2  Aug 26th  *State the Violent Cause Accidental, Suidental,	med i Perining on Aming on Aming on Aming on Aming on Aming of Viole of Vio	August Co.Md. Condition) ence, 8 identa tion) Aguaso g Death, ns of Inju	body rection, no mys. far as I Drowni ys. Act. Co. Md.	t to the
RENTS & Standard & Sta	a) Trade, prarticular kin b) General n usiness, or e which employ BIRTHPLACE (State or col 10 NAME O FATHER  11 BIRTHPL OF FATH (State or 12 MAIDEN OF MOTH	ofession or Order of of work attree of industry stablishment in ed or (employer) antry) New York  F Joseph I ACE ER Country) Paris of NAME IER MANAGE	ly:Emerge Ll Months C.U.Y.  f.Mayo. Kentucky	s or min.?	Contributory Dr Secondary  (Signed) ACA Aug 26th  *State the Violent Cause Accidental, Sui  18 LENGTH OF ients or Recent At place of death yrs	med i Pariming on Indian on Indian on Indian on Indian of Viola of	August  Co.Md.  Condition  ence, 8  idents  idents  g Death, ns of Inju  In the	body rection, no mys. far as I Drowni ys. Act. Co. Md.	the the mg. ds or M. D
PARENTS & BB 6	a) Trade, prarticular kin b) General n usiness, or e which employ sirrhplace (State or con 10 NAME O FATHER 11 BIRTHPL OF FATH (State on 12 MAIDEN OF MOTH 13 BIRTHPL OF MOTH (State or	ofession or Order of of work ature of industry stablishment in ed or (employer) antry) New York F Joseph I ACE ER Country) Paris NAME IER Menerva I ACE IER Country) Virgins TRUE TO THE BEST	ly:Emerge Il Months C.V.Y. f.Mayo. Kentucky f.Smith.	s or min.?	Contributory Dr Secondary  (Signed) Aug 26th  *State the Violent Cause Accidental, Suit  18 LENGTH OF ients or Recent At place	med i Periming on Aming on Aming on Aming on Aming on Aming of Viole of Vio	August  Co.Md.  Condition  ence, 8  idents  idents  g Death, ns of Inju  In the	body rection, no most far as a Drowni yrs. Act. Co. Md.	the cyre
PARENTS & BB 6	a) Trade, prarticular kin b) General n usiness, or e which employ BIRTHPLACE (State or con 10 NAME O FATHER  11 BIRTHPL OF FATH (State or 12 MAIDEN OF MOTH 13 BIRTHPL OF MOTH (State or	ofession or Order of of work attree of industry stablishment in ed or (employer) antry) New York  F Joseph I ACE ER Country) Paris of NAME IER MANAGE IER MANAGE IER COUNTRY) Virginal Country	Mos. de de ly: Emerge ll Months c. V. Y. f. Mayo. Kentucky f. Smith. de mith. de mith.	s or min.?	Contributory Dr Secondary  (Signed) 1/2  Aug 26th  *State the Violent Cause Accidental, Suit  18 LENGTH OF ients or Recent At place of death Where was disesse if not at place of Former or usual residence.	med i Perining on Indian on Indian on Indian on Indian on Indian of Viole o	August  Co.Md.  Condition  ence, 8  idents  idents  Aquaso  Aquaso  Francisco Injunt  In the State	21/37 a body rec ion, no yes far as al Drowni yes. Act. C co. 11d.  or, in deaths ry and (2) Wi als, Institutions	t cyre

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b)

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

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answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

E

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Ull this certificate is looked over thoroughly and all qu stions American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." accident; Revolver wound of head—homicide; Poisoned by carbolic doid—probably suicide. The n\_ture of the injury, "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stited unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles, as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature oras probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronicvalvular Always qualify all heart not be

Date of onset

(Day)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address) \_\_\_\_\_\_

S. No.

/ m/ gne 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11/0	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis GP	c 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8994
1. PLACE OF DEATH	(131)
County Prince George	Registration Dist. No. 245
Village or City. The atternalle	No. October 1980 (St. Ward death occurred in a hospital or insulution, give its NAME instead of street and number)
	death occurred the a notification institution, give its (NAIVIE, instead or street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Katherine munc	h / Conmi
(a) Residence: No. Sacred Theast Thomas (Usual place of abode)	St., Ward. Warf nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale While S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Valentine Munch	22. I HEREBY CERTIFY That I attended deceased from 23 1937 to Charlet 28 1937
6. DATE OF BIRTH (month, day, and year) July 28, 1863	I last saw h. Delalive on and 23, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 45 An.
74 27 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc. Mousewife	Cador-real
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	vascular dissone may 25
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  occupation	1936
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	
王	None of available
(State or country)	Name of operation Date of Was there an autopsy? 200
15. MAIDEN NAME Barlara Hodria	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Barbara Hedrig 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Records Sacred Heart	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wash DC Date aug 24, 1937	Nature of Injury
19. UNDERTAKER Trank Leiers Sons Co. (Address) 11/3-7.88 NW D.S.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Lug 2 H., 19.3] Monday Savene Registrer.	(Signed) Frank, Shi M. D.  (Address) 4100-22-46

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		103/1130-	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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nt or OCC	Village or City Drawn where de		No f death occurred in a hospital or institution, give its NAME instead of sds. How long in U.S. if of foreign birth?yrs	
state	(a) Residence: No.4212 /mitor	LL GOHAN COS LLC Cary. Brodfury (Usual place of abode)	Hot phils Ward your If nonresident give city o	or town and State
xact	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
	SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OF DIVORCED (write the word)	21. DATE OF DEATH Quy & (Oay) (Oay)	2 , 193 (Year)
assitu	Husband of hung a. o.	neus	22. I HEREBY CERTIFY, That June 1937, to Duy	l attended deceased from
5 .	DATE OF BIRTH (month, day, and year)	1.18 18 3	1 last saw h in alive on City 22	19.3.7 ; death is said
N + 1	AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et	rtance Date of onset
of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	mortis	Carcenoma of	thy
on back of occupation	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (yeers)	of recepand for	Le june 19.
nctions or	this occupation (month and year)  BIRTHPLACE (city or town)	spent in this occupation	Other Contributory Couses of importance:	Con i Tust
	13. NAME James P. Om	ens	- Various Aa	wow up
See FAT	14. BIRTHPLACE (city or town) - 1-19 (State or country)	ant	Name of operation What test confirmed diagnosis? Wa	Date of
ant ant	15. MAIOEN NAME Paney	Raley	23. If death was due to external causes (VIDLENCE) fill In also the Accident, suicide, or homicide?	he following:
A 5 17.	(State or country)  INFORMANT  (Address) / 2 / 2 / Maximum (Address) / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	ll hanland	Where did injury occur?(Specify city or town, cou Specify whether injury occurred in INDUSTRY, in HDME, or In	
E S	BURIAL, CREMATION, OR REMOVAL Place Coldar Hill	Date ang 24 , 1937	Manner of injury	
CAUSE TION is	UNOERTAKER HOME M. S. B. (Address) / 2 / 1/1 / 1/2	de gill	24. Wes disease or Injury in any way related to occupation of de	ceased? 205
20.	FILEO 8-23, 1937 Th	08. D. Graffithe Registrar.	(Signed) Surf C Varifa  (Address) Burning D	CH#1

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	E	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FILES	1915	Attack of cpilepsy	1 week ago
Chronic interstitial peptiritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance.		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 yeor


tale

Ward.	If nonresident give city or town and S
MEDICAL	CERTIFICATE OF DEATH

Registration Dist. No.

I HEREBY CERTIFY. Thet I attended deceased from

to have occurred on the date stated above, at ... The PRINCIPAL CAUSE OF DEATH and related ceuses of importance

Date of enset

Name of operation ...

23. If death was due to external causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or Injury In any way related to occupation of daceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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ii -	Example II	200
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	W.C.	
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

# STATE OF MARYLAND-CERTIFICATE OF DEATH

8997

1. PLACE OF DEATH	
County Times Leorges.	Registration Dist. No.
Village or City 2114 Halls Station	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foraign birth?yrsmosds.
2. FULL NAME & show Themes Age	If U. S. Veteran, specify WAR
(a) Residence No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the worth)	21. DATE OF DEATH  MANUAL - After 3 W. 193  (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTFY. That I attended daceaged from
Suran / imy	, 19, 19, 19,
6. DATE OF BIRTH (month, day, and year) White	I last saw h; daath is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, et
Claud   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Forgred deep cive R.
kind of work done, as SPINNER. SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Trainial County: he was
work was dona, as SILK MILL, SAW MILL, BANK, etc.	not murdered. He had been dead about tros
10. Date daceasad last worked at this occupation (month end yaar)	days, when found in somfold.
	Other Centributery Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Winney arobably
13. NAME	
13. NAME  14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What tast confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT TILL ANTILL ON Sec Co. Mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Menner of Injury Hurry & Curdenco 2 -
Mayur Maril VID, My Date My 1, 190/	Nature of Injury Cathery porones
19. UNDERTAKEN VIICENS Scothers	24. Was disease or injury In any way relater to occupation of daceased?
(Address) Ther marketono in my "	If so, specify
20, FILED Joing 17,1937 (1) (will so frontly	(Signed) James for M.D.
Registrar.	(Address) upper marthwes

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage : SFP 6	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDIN

V. S. No. 1

Sa. If married, widowed, or devirced (USBAND of (Or) WIFE	STATE OF	F MARYLAND-	CERTIFICATE OF DEATH	2332
Village or City  Langth af residence in city of John where death occurred:  AS How long in U. S. If the foreign birth?  AS Residence: No. C. C. J.	1. PLACE OF DEATH	0	93-0	146
Village or City  Langth af residence in city of John where death occurred:  AS How long in U. S. If the foreign birth?  AS Residence: No. C. C. J.	County France 6	leonges MYN	Registration Dist. No. 2	90
Langth of reridence in city, or Joyns where death occurred: St. J.	Village or City Process	was a series	No. Sedaras HV anitarse	Ward
2. FULL NAME  (a) Residence: No. 60 / Shifted and Shift (Unarphase of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE MARRIED, WIDOWED  Cory Wife of Shifted	Langth of residence in city-or town where do			
(a) Residence: No. 60 Status and State (Unata) have of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE MARRIED, WILDWED  OR DYORGE (event the word)  OR DYORGE (event the word)  5. If married, widowed, or divired HURS (event the word)  6. DATE OF BIRTH (month, day, and yar)  7. AGE  7. AGE  7. AGE  7. AGE  8. Trade, fordession, or particular sind of work done, as SPINNER, SAVIER, BOOKEEPER, etc.  10. Judicity or business in which  10. Sin Mill., BANK, etc.  11. Total time (years)  12. BIRTHPLACE (city or town)  (Sinta or country)  12. BIRTHPLACE (city or town)  (Sinta or country)  13. AMADE  14. BIRTHPLACE (city or town)  (Sinta or country)  15. MAIDEN NAME  16. SINTHPLACE (city or town)  (Sinta or country)  Whet test confirmed diagnosis:  Was there an autopay? Accident, suicide, or homidel?  16. SINTHPLACE (city or town)  (Sinta or country)  Whet test confirmed diagnosis:  Was there an autopay? Accident, suicide, or homidel?  17. INFORMANT  (Address)  18. BURIAL, CEGNATION, OR REMOVAR  Place  Date 1.3. AMADE  19. Was there an autopay? Accident, suicide, or homidel?  19. UNDERTAKER  (Address)  19. UND	1/2 1)	sol id		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (**wire the proof)	1 - 0	wido Il	was Ziral De	
3. SEX  4. COLOR OR RACE  OR DIVORCED Curvite theyword)  WINDERSON  ON DIVORCED Curvite theyword)  AND STATE OF DEATH  19. 37. 10. 193 / Rest)  22. HEREBY CERTIFY, That I attended deceased from 19. 37. 10. 193 / Rest)  23. If married, widowed, or divorced HUSBAND OF CONTROL OF THE REBY CERTIFY, That I attended deceased from 19. 37. 10. 193 / Rest)  24. DATE OF BIRTH (month, day, and yaar)  15. DATE OF BIRTH (month, day, and yaar)  16. DATE OF BIRTH (month, day, and yaar)  17. AGE  18. Trade, brofassion, or perticular to have control of the date steled abova, at / Rest to have occurated on the date steled abova, at / Rest to have occur	(a) Residence. No. 607-20-2	(Usual place of abode)	e If nonresident give city or town and	d State
OR DIVORCED Currier theyword)  Where of the procession, or perticular which control with the process of the procession of perticular wind of work done, as SPINNER, SAMPLE, BOUNKEEP, etc.  SAMPLE, BOUNKEP, Etc.  SAMPLE, BOUNKEP, BOUNKEP, Etc.  SAMPLE, BOUNKEP, BOUNKEP, Etc.  SAMPLE, BOUNKEP, BOUNKEP, BOUNKEP, Etc.  SAMPLE, BOUNKEP, BOUNKEP, BOUNKEP, BOUNKEP, BOUNKEP, BOUNKEP, BOUNKEP, BOU	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
53. If married, widowed, or divbreed HUSBAND of Corp Wife	3. SEX 4. COLOR OR RACE		21. DATE OF DEATH Ques. 28	193-7
HEREBY CERTIFY, That I attended decessed from for over white of cory whi	Tr W	widowed	(Month) (Day)	(Tear)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,	HUSBAND of //	80 . W	22. HEREBY CERTIFY, That I attended	deceesed from
to have occurred on the date steted abova, et	tow/	Januar	July 24 , 1937, to Cing, 28	19.3.7.
1 day,	6. DATE OF BIRTH (month, day, and year)	nknown	dast saw her aliva on Cong 25 19.37	.; daath is seid
8. Trade forfassion, or perticular kind of work dome, as SPINNER, SABYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SABY MILL, BANK, atc.  10. Date decessed last worked at this occupation month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURNAL CREMATION, OR REMOVAP  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. VALUE (Signed)  (Signed)  (Address)  19. Where as follows:  Date of minute (years)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. Where as follows:  Date of minute (years)  What test confirmed diagnosis?  Was there an autopsy?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  19. UNDERTAKER  (Address)  20. FILED  (Address)  20. FILED  (Address)  20. FILED  (Address)	7. AGE Years Months			
SWYER, BONKEPER, etc.  SAWER, BONKEPER, etc.  S. Industry or business in which SAW MILL, BANK, atc.  10. Bate decessed last worked at this occupation (month and year)  Sepant in this occupation (month and year)  State or country)  State or country)  Was there an autopsy?  Is. MAIDEN NAME  14. BIRTHPLACE (city or town) (State or country)  Was there an autopsy?  Accident, suicide, or homicide?  Dete of injury.  17. INFORMANT (Sate or country)  Date  18. BURIAL, CREMATION, OR REMOVAL Place  Date  19. UNDERTAKER (Address)  Date  19. UNDERTAKER (Address)  13. 7 / Car Chall  Registrar.  Registrar.  (Address)  Accident, Suicide, or Injury in any way related to occupation of dacassed?  If so, specify (Signed)  Accidents  Specify (Signed)  Accidents  Accidents  Specify (Signed)  Accidents  Specify (Signed)  Accidents  Acci	75			Date of onset
10. Bate decessed last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL CREMATION, OR REMOVAT Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Date of which is a specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed)  17. INFORMANT (Address)  18. BURIAL CREMATION, OR REMOVAT Place (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  20. FILED  21. TABLE CREMATION OR REMOVAT (Signed)  22. Signed)  23. If so, specify (Signed)  24. Was direase or Injury in any way related to occupation of dacasased?  24. Was direase or Injury in any way related to occupation of dacasased?  24. Was direase or Injury in any way related to occupation of dacasased?  25. Signed)  26. Was direase or Injury in any way related to occupation of dacasased?  26. Was direase or Injury in any way related to occupation of dacasased?  26. Was direase or Injury in any way related to occupation of dacasased?  20. FILED	8. Trade, frofassion, or perticular kind of work done, as SPINNER,	- none		
SAW MILL, BANK, stc.  10. Date decessed last worked at this occupation (month and year)  11. Date decessed last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAE  Place  Date  Date  Date  Date  Date  Date  Date  Accident, suicide, or homicide?  Dete of injury  Name of operation.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of Injury	◀ 1. 9. Industry or Dusiness in which		Chrise Med as a dides	9
this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAR Place  Date  Date  Date  19. UNDERTAKER (Address)  20. FILED  20. FILED  21. BIRTHPLACE (city or town) (State or country)  Other Centributery Causes of importance:  Other Centributery Causes of importance:  Other Contributery Causes of importance:  Other Centributery Causes of importance:  Other Contributery Causes of importance:  Other Contribut				1
Other Contributory Causes of importance:  Other Contributory Causes of i	this occupation (month and	spent in this		
(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Date  Dat	year)	occupation	Other Contributory Causes of importance:	
14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAT Place  Date  Dat		a 2 4 0 1	9	
Name of operetion.    State or country   State or country	1 // //	Experience of	Men Curreno sekerses	
What test confirmed diagnosis? Was there an autopsy?    15. MAIDEN NAME   16. BIRTHPLACE (city or town)	I S. NAME	euruast	ty perfunction	
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Date		Red Land		
16. BIRTHPLACE (city or town) (State or country)  Where did injury occur? (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury Place  Date  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  19. They Grally  Registrar.  Accident, suicide, or homicide?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Was disease or Injury  (Signed)  (Signed)  (Address)  M. D  Registrar.  (Address)  (Address)  (Address)  (Address)	×	may be		
(State or country)  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAT  Place  Date  Date  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILED  10. FILED  11. State or country  Where did injury occurr?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Wanner of Injury  Nature of Injury  19. UNDERTAKER  (Address)  16 so, specify  (Signed)  (Signed)  (Address)  M. D  Registrar.  (Address)  Country and State)  Specify whether injury occurr?  (Specify city or town, county and State)  Specify whether injury occurr?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurr?  (Specify city or town, county and State)  Specify whether injury occurr?  (Specify city or town, county and State)  Specify whether injury occurr?  (Specify city or town, county and State)  Specify whether injury occurr?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAT Place Date Date  Date  ON PROMOVAT  19. UNDERTAKER (Address)  20. FILED  Place  ON PROMOVAT  ON PLACE  (Address)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Nature of Injury  Nature of Injury  On Place  On Promovat  On Place  On Promovat  On Place  On Pla				
(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED  Registrar.  Manner of injury  Nature of Injury  O4. Was disease or Injury in any way related to occupation of dacassed?  If so, specify  (Signed)  Registrar.  (Address)  20. FILED  Registrar.  (Address)  CALL  Registrar.  (Address)  CALL  Registrar.	T MEGRANT		(Specify city or town, county and St	
Place Weel Date, 19 Nature of Injury  19. UNDERTAKER Wartin U. Hyoug G4. Was disease or Injury in any way related to occupation of dacased? 220  (Address) 300 Not WW., If so, specify  (Signed) Ashard B. Will ash and M. D. Registrar. (Address) 2012 - A. M. D. W. D. W				
19. UNDERTAKER Wartin W. Hyong L. Q4. Was disease or Injury in any way related to occupation of dacaased? 200 (Address)  16 so, specify (Signed) Ashard B. Hill adle and M. D. Registrat.  (Address) 2012 - H. St. wee Many D.	18. BURIAL, CREMATION, OR REMOVAL	8/2-5 3	Manner of Injury	
(Address) 300 N At W. Signed) Separate Still ade and M. D. (Signed) Action of the Man M. D. (Address) 2012 - M. M. D. (Add	Place.	Date, 19	- Nature of Injury	
20. FILED \$\\ 28  137 \\ \text{Less Gally in Registrar.}  (Signed) Ashard S. Hill ade and M. D. Registrar.	19. UNDERTAKER Martin (	U. Hypough	4. Was disease or Injury in any way related to occupation of dacaased?	uo.
20. FILED / (Address) 7012 - R. St. rever Many 27	(Address) (300)	vol vino.		
	20. FILED //25 137 //a	y hally in	7.	M. D.
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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis :	21915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	1-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

8999

1. PLACE	OF DEATH	, /	(75)	
County	Prince Lea	2919	Registration Dist. No.	235
Village of	r City Heeler	Rd. nr. anaco	No. St	Ward
Landh of		(1	f death occurred in a hospital or institution, give its NAME instead of street	and number)
reugin of 1	residence in city or town where	death occurred 16 yrs mos	s. 20 ds. How long in U.S. If of foreign birth?yrs	mosds.
2. FULL N	IAME Robert	Engene Thepher	If U. S. Veteran, specify WAR	
(a) Resid	ience: No. Whuler	Rd Passer Com	St., Ward.	
		(Usual place of abode)	If nonresident give city or town	and State
		FICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
Male	White	married	(Nonth) (Day)	, 193
5a. If married, wid	dowed, or divorced	11 11 .	(Say)	Vical)
HUSBAND of	Zina H.	mynud	22.   HEREBY CERTIFY, The I atter	ded deceased from
		mr 6 = 1872	ungust 2= ,193), to ling 8	, 19.3.7.
	H (month, day, end year)		I last saw II see alive on Culful 624, 193	Z.; death is said
7. AGE	Years Months	Days If LESS than 1 day, hrs.	to have occurred on the date stated above, et	
	64 8	ormin.	were es follows:	Date of onset
8. Trade, prokind of	ofession, or particular	R/	Cleude alcoholism	7-26-3
kind of SAWY  Industry of Work SAWY  10. Date dece	of work done, es SPINNER, ER, BOOKKEEPER, etc	13 aher		
a work	or business in which was done, es SILK MILL,	cake Bal . Co	007700708740000000000000000000000000000	
SAW I	MILL, BANK, etceased last worked at	11, Totel time (years)		
- 11110 06	ccupetion (month and 193	spent in this occupation	***************************************	
1 90017		occupation 2	Other Contributory Causes of Importence:	
12. BIRTHPLACE			alcoholie Informia	
(Stete or c	country) anam	edel Go Md.		
13. NAME	Henry - Oh	ephend		
13. NAME	ACE (city or town)		Neme of operation	of
(State	or country)		What test confirmed diagnosis? Was there	en autopsy? Ho
15. MAIDEN	NAME Colice	Besshord	23. If death wes due to external causes (VIOLENCE) fill in also the folio	wing:
15. MAIDEN	ACE (city or town)		Accident, suicide, or homicide? Dete of injury	
∑ (State	or country)		Where dld injury occur?	
17. INFORMANT	My Lena H.	d he Alund	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	State)
(Address)	Wheelen TR	of Ba Hea Co Med	- Process with the country in the country in the country of the co	, FERGE,
	ATION, OR REMOVAL	2 4	Manner of injury	*************
Place Les	idan Hill	Date Week 5 - 1987	Nature of injury	
	7/ - 4 /			ho
19. UNDERTAKER (Address)	The state of the s	husay tore	24. Was disease or Injury in any wey related to occupation of deceased	1.10
C /	2/37	120	if so, specify	
20. FILED 0	19 0	I I snear	(Signed)	M. D.
/	/	Registrar.	(Address)	2 116

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago 1921 Run over by street car 1 week ago Chronic interstitial nephritis Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9000
County Prince George	Registration Dist. No. 245
Village Dr City East Reverdale	ND. St., War
Length of residence in city or town where death occurredyrsmo	
2. FULL NAME  (a) Residence: Np. Charlotte ave  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the ward)  Male  Married  Married  Married  Married  Married  Married	21. DATE OF DEATH COMMON AND AND AND AND AND AND AND AND AND AN
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Ella C.	22. I HEREBY CERTIFX, That I attended deceased fro
6. DATE OF BIRTH (month, day, end year) May 13, 1867	I last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
70 3 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	Pol Th
9. Industry or business in which	
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occurrence for more than the second of the secon	-
To: Date deceased last worked et this occupation (month and year)	
B-01-	Other Contributory Causes of Importance:
(Stete or country)	
13. NAME Carey Southcomb	
13. NAME Carey Southward  14. BIRTHPLACE (city or town) Ballingone  (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME CINNE RObyrson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (MME Robinson  16. BIRTHPLACE (city or town) Bullingone  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT. Plla C. Southword	Where did injury occur?
(Address) Charlotte ave. Riverdal	
18. BURIAL, CREMATION, OR REMOVAL  Place Color Hill The Color 23, 1937	fanner of Injury
19. UNDERTAKER WAY. A. Sardo + Co.	Nature of injury 24. Was disease or injury In any way related to occupation of deceased?
(Address) 412-HDr. M. E. Wash. Wile	If so, specify
20. FILED Cinq. 21, 1937 Mas Carlos Registrar.	(Signed) M. (Address) M.
If more blanks are needed, addre. Sinte Registrar	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Chronic interstitial nephritis 1921 Run over by street car 1			Example I				
Chronic interstitial nephritis — 1921 Run over by street car 1 Cerebral hemorrhage July 5, 1927 Peritonitis 3	4	The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:			
Cerebral hemorrhage  July 5,1927 Peritonitis  3	1 week ago	Attack of epilepsy	1915	Arteriosclerosis			
SEP 6 1937	1 week ago	Run over by street car	1921	Chronic interstitial nephritis			
DISTORALI V. S.	3 days ago	Peritonitis	July 5, 1927	Cerebral hemorrhage			
Other contributory causes of importance:  Other contributory causes of importance:				SEP 6 1937			
O 11 .				The same of the sa			
Gallstones May 1,1923 Gastroenteritis	1 year	Gastroenteritis	May 1,1923	Gallstones			

17. INFORMANT \_ (Address)

18. BURIAL, CREMATION, OR REMOVAL

FOR BINDING

MARGIN RESERVED

V. S. No. 1

ż

# STATE OF MARYLAND—CERTIFICATE OF DEATH

SIMIL OF MARKETERING	ERTH TOXTE OF BEATTI
1. PLACE OF DEATH	23
County frique deorges	Registration Dist. No. 2 472
Village or City Llenn Dale (If de	No. Chil dreus duby celes 5t., anetward.
Length of residence in city or town where death occurredyrsmos	15.ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME James Allelman	

(a) Residence: No. 3356 M ST. NW Was (Usual place of abode)	& St., A. C. Ward.  If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
6. DATE OF BIRTH (month, day, and year) July 31, 1936	1 HEREBY CERTIFY, That I attended deceased from 1937, to June 14 4, 1937 I last saw him alive on line 14 1, 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	Aneumonia June 30 Moningeles aug 12
12. BIRTHPLACE (city or town) Wash & C (State or country)	Other Coutributory Causes of importance:  Child Cool, Vieber Culosis
14. BIRTHPLACE (city or town) North Carolina (State or country)  15. MAIDEN NAME Yo Robusson	Name of operation Physical Devantage of What test confirmed diagnosis? X Roy Lower Start as there an autopsy? No. 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)  State or country)	Accident, suicide, or homicide? Date of Injury, 19  Where did injury occur?

9.32 Manner of injury

19. UNDERTAKER Gotelle 14 Opeka Some

20. FILED 8 - 14-, 1937 Mrs. John W. House D. L. Registrar.

(Signed) David Leo

(Address) Children's San. Glenn Dale,

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example I Example		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1021	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

0	6 6	11	0
3	U	U	0

1. PLACE OF DEATH	- 46-C
County Prince George	Registration Dist. No. 238
Village or City Dippett	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmosds.
p ,	
2. FULL NAME Frederick Burns 3	aylor
(a) Residence: No. Juppett Manuland (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Monta) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 9, 1879	I last saw when alive on Gulf 19/2 7 death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the data stated above at 9
.57 // /o lday,hrs.	tier as follows:
8 Trade profession or particular	Essensus at Oate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer	- Nay 1987
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Greater Curvature log
10. Date deceased last worked at 11. Total time (years)	X- R heig
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Juspett	Other Contributory Causes of importance:
(State or country) Maryland	
13. NAME Robert Lawlos	
14. BIRTHPLACE (city or town) manyland	Name of operation Oate of Oate of
(State or country)	What test confirmed diagnosis? - X : Ray Was there an autopsy? M4.
15. MAIDEN NAME Frances young	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) March and	Accident, suicida, or homicide?, 19,
	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT LOSEPH a Day Cos.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CLINTON MD	Manner of injury
Place Christ CHURCH Date aug 21, 1931	- Nature of injury
19, UNDERTAKER Thomas & Munail Lon	24. Was disease or injury in any way related to occupation of deceased?
(Address) 2017 nickels are & F	If so, specify
20. FILED \$ 19 137 Sunt Friend	(Signad) faul C Van Alto M. D.
Registrar.	(Address) - Por Carrier Con Party
If more blanks are needed, address State Registrar	, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis   RECEIVED		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	01	943	
County	Lev.	Registration Dist. No.	48
Village or City Prialise	ille	NoSt.,	Ward
1		death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence locity or town where o	leath occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Symual	Verysla		
(a) Residence: No. 6 5 Col	(Usual place of abode)	St., Ward.  If nonresident give city or town a	_J &
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	ilo State
3. SEX 14. COLOR OR RAGE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LIQUIST 26	7
5a. If married, widowed, or divorced	1	(Wanth) (Day)	(Yeer)
HUSBAND of Bessee of	erish	22. HEREBY CERTIFY, That I attended	d deceased from
6. DATE OF BIRTH (month, day, and year)	and 27 1854	1 1 2	Z: death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1:45 Pm.	
573 -4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Trade, profession, or particular kind of work done, as SPINNER,	21	coronary thrombois	Date of onget
SAWYER, BDDKKEEPER, etc.	process	1	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc		U	
10. Date deceased last worked at	11. Total time (years)		
this occupation (month and year)	spent in this occupation		
1		Other Contributory Causes of importance:	1936
12. BIRTHPLACE (city or town) (State or country)	essia	100 factors on the same	1027
13. NAME Morris	Perish	Circles at Invertible	1951
13. NAME Morres C.  14. BIRTHPLACE (city or town)	1	Name of operation Date of	
(State of country)	ussia	What test confirmed diagnosis? Was there a	n autopsy?
15. MAIDEN NAME	e l	23. If death was due to external causes (VIDLENCE) fill in also the follow	ing:
16. BIRTHPLACE (city or town)	ukuowa.	Accident, suicide, or homicide? Date of Injury	
(State or country)	a a	Where did injury occur?	
17. INFORMANT Wife (Address)		(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC I	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	'mil a	Manner of injury	
Place Capilol Aleights	Male aug. 27, 1937	Nature of injury	
10B 400	with the	24. Was disease or injury in any way related to occupation of deceased?	20
19. UNDERTAKER Of Authority (Address) Washington	w. 10.C. 0	If so, specify	
0 01 27 00	The state of	(Signed) Decar Larry	M. D
20. FILED	AS: TO . W Projector		nd.
20. FILED. 1. 19	Registrar.	(Address) mot Raining )	nd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

-WRITE

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Example I	i de la companya de l	Example II	
The principal cause of death and related causes of importance were as follows: CEIVEI Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	1 2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDIN

V. S. No. 1

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DE	ATH	9004
1	PLACE OF DEA	TH	0		9350		- (1
	County Pu	ute .	Deo	1. 1	Registrati	ion Dist. No. 2	39
	Village or City	Laur	ef 1	M	No	St.,	Ward
-	Length of residence in c	ity what d	eath constant	16 (II	don't occurred in a hospital or institution, give its NA  do. How long in U.S. If of foreign birth?		
	Length of residence in ci			A Th	Was Weran specify WAR		03
\ 2	FULL NAME	057	argery	ni			
	(a) Residence: No.	xuyu	(Usual place	of abode)	St., Ward.	dent give city or town and	State
Salgeton:	PERSONAL AN	ID STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICA		
3.	SEX 4. COLO	OR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH (Mo(th))	25	, 193
5a.	If married, widowed, ordive	orced	. 11			(Day)	(1641)
	HUSBAND of (or) WIFE of	muel	Thon	Mason	22.   HEREBY CERTI	1	deceased from
			00 11	100		2 4 193 7	19
	DATE OF BIRTH (month, da AGE Years	y, and yeer) Months	Dave	If LESS than	to have occurred on the date stated above, at	rata .	_; death is said
**			37	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related of	causes of Importance	
_	8. Trade, profession, or p	articular		l ormin.	were as follows:	1.1	Dete of enset
ON	kind of work done, SAWYER, BODKKEI	as SPINNER, -			muttale terrore	- Jobbin	1(7-)-
OCCUPATION	9 Industry or husiness in	n which	-		many - arters or	cleiron	-
U.S.	work wes done, as SAW MILL, BANK,		1 11 7-4-14		myraula Ch	inits:	
ŏ	10. Dato deceased last wo this occupation (mo year)	onth and	11, 10tal ti	me (years) nt in this	0	÷	-
	your/	2_	1	putton	Other Contributory Causes of importance:		
12.	(State or country)	Ma	. 1				
œ	13. NAME has	2. 1	dulo	,			-
FATHER		16	111				
FA	14. BIRTHPLACE (city or to (State or coupling)	own)	34.		Name of operation	Date of	
2	15. MAIOE	ali to	Olia	less/	What test confirmed diagnosis?  23. If death was due to external causes (VIOL ENCI		
MOTHER			21		Accident, suicide, or homicide?		
MO	16. BIRTHPLACE (city or to (State or country)	own /	m.	_	Where did Injury occur?	The Date of Injury	, 17
17.	INFORMAÇÃO (Aporess)	ygusi	7//	ryw	(Specify cit Specify whether Injury occurred In INDUSTRY, In	y or town, county and Star n HDME, or in PUBLIC PL	te) .ACE.
18.	BURDAL, CREMALION, DR	REMOVAL	10	4.7	Manner of Injury		
K	Doulons 1	ille M	Moate Clyc	17/195	Neture of Injury		. ^
20	UNDEDTAVED	Poud	Kal	cert	24. Was disease or injury In any way related to or	ccupation of deceased?	
19	(Address)	Palu A a	17	nd.	If so, specify	Y	
20	FILOURA 25	19377	Brank	Lears	(Signed)	2	M. D.
20,	The state of the s	1 June - f - 6 - 5 - /- 2 -	Lic	AL Registrar.	(Address)	uo 1	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
		in the second second		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

PHYSICIANS should state Exact statement of OCCUPA-Every item of infor-RECORD. WITH UNFADING INK-THIS IS A PERMANENT stated EXACTL properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. TION is very important. B.—WRITE

FOR BINDING

MARGIN RESERVED

# STATE OF MARYLAND-CERTIFICATE OF DEATH

61	10	6		1	10-	
9	U	1	J	0	)	

1. PLACE OF DEAT	H			<u> </u>		014	ec
County (Hrule	e ge	orge			Registration	Dist. No. 2	2
Village or City	uha	uf		No.		St.,	Ward
Length of residence in city	or town where	death occurred		death occurred in a hospital or institut			
2. FULL NAME	4-10	Born	Tes	ton			
(a) Residence: No.				St., Ward.			119.31
		(Usual place				give city or town an	d State
PERSONAL AND					ERTIFICATE	OF DEATH	
male 4. color	or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	(Month)	2 ((Day)	., 193 / (Year)
5a. If married, widowed, or divorce HUSBAND of	ed		Y				
(or) WIFE of					CERTIF	Y, That I attended	d deceased from
6. DATE OF BIRTH (month, day,	and year)	unu V	28 1037	I last saw h alive on	/		: death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date state	d above, at(a.	V-0	
0	0	10	I day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related caus	es of importance	
8. Trade, profession, or par	ticular			Khill you	1		Date of onset
kind of work done, a SAWYER, BODKKEEP	ER, etc.					***************************************	
9. Industry or business in work was done, as SI SAW MILL, BANK, et	which LK MILL,	-					
D ID. Date deceased last work	ed at	11. Total ti	ime (years)				
this occupation (mont year)	hend U	spai	ntin this				
12. BIRTHPLACE (city or town)	Laux	au.	lud,	Other Coutributory Causes of Impo	rtance:		
(State or country)	, , , , , , , , , , , , , , , , , , , ,				1	1	
13. NAME Fred	Uplor			41, moule	e auti	var ay	
13. NAME Fred  14. BIRTHPLACE (city or tow	n) &	DP	4	Name of operation		Date of	
(State or country)		410		What test confirmed diagnosis?\$	/V	Was there an	autopsy?_D_D_
15. MAIDEN NAME EL	gate	the tot	X	23. If death was due to external cau	ses (VIOL ENCE) fi	Il In also the following	ng:
15. MAIDEN NAME CO.  16. BIRTHPLACE (city or town	n) Z	+0		Accident, suicide, or homicide?		Date of injury	, 19
(State or country)	141	C-1		Where did injury occur?	(Specify city or	town, county and St	
17. INFDRMANT (Address)	hain	, ml		Specify whether Injury occurred in	INDUSTRY, in HE	ME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR RE	MDVAL	1 6	91	Manner of injury			
Place Xandaan	_ M.	ADate_DALL	a_1_h_, 193	Nature of injury			-j
19. UNDERTAKER FALL	win	1		24. Was disease or injury In any w	ay related to occup	ation of deceased?	41
(Address)	KALLA	MAG		If so, specify			
20. FILED 8 - 3 1- 19	37 Mrs	Sohwa	U. Housen	(Signed) ATAMA	1 9000	G	,
	1	0	Registrar.	(Address)	11	Man	wa

7. S. No. 1

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	Example II	
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1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	•	
	1915 1921 July 5, 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  Vuly 5, 1927 Perilonitis  Other contributory causes of importance:

Date of onset

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Arteriosclerosis	1915	Attack of epilepsy \\ 1 week age
Chronic interstitial nephritis	1921	Run over by street cuk
Cerebral hemorrhage	July5,1927	Peritonitis 3 days ago
		103
Other contributor causes of importance:		Other contributory causes of importance:
Gallstones	May 1,1923	Gastrocnteritis 1 year

e te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
stat JPA	1. PLACE OF DEATH	
DOCCI	County Tryce Sepges	Registration Dist. No. 242
should f OCC		death occurred in a hospital or institution, give its NAME instead of street and number)
1 t 2		death occurred in a hospital of institution, give its 14-AVIE lustead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
PHYSICIANS oct statement	2. FULL NAME 610 Criffey Watk	If U. S. Veteran, specify WAR
SIC	(a) Residence: Np.	St., Ward.
HY s	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
[ ]	SEX  4. COLOR OR RACE  9. SINGLE, MARRIED, WIDOWED,  9. DIVORCED (write the word)	21. DATE OF BEATH  (Month)  (Dey)  (Véar)
A C T l	5e. If married, widowed, or divorced HUSBAND OF (or) WIFE of Careller Wathers	22. I HEREBY CERTIFY, That I attended deceased from
K To	6. DATE OF BIRTH (month, dey, and year) Q.J. 7, 1890	I lest saw h Claron 19 Seath Is said
d erly		to have occurred on the date stated above, atm.
stated E properly certificate	46 1890 Ocx 10 B IT LESS than 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence wase esfollows:
	8. Trade, profession, or particular kind of work done, as SPINNER	Potret vos opentel v
d be y be k of	SAWYER, BOOKKEPER, etc	in burch 1937 for turn
may back	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	7 11. See 1 6/21/
sh it in	10. Date deceased last worked et this occupation (month and spent in this	Primary carsinamal of right breast . Court Sept . 1926.
AGE that ons o	year) Many occupation occupation	Other Contributory Causes of Importance: Transaction: January 22nd, 1937.
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	Tremed Remains of Russia.
ied. ns, stru	(State or country)	Gra suffen Walker. and
	13. NAME YEN TENTINO	The gued of glowle Cardian diam
ly sullain t	4. BIRTHPLACE (city or town) (State or country)	Name of operation. Date of Dat
ly la	m 1/ //	What test confirmed diagnosis:
be careful EATH in p important.	15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill In also the following:
ca l'H lort	16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?Date of injury19
be EA' imp	C L Walter	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT (Address) Land William Office P. U.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BUSIAL CREMATURE, OR REMOVED.	Was operated one first turner of breast, at Freedman's Manner of injury Hospital, Washington, D. Cu, Warsh, 1885.
_ E .#	Waderisbury Date Left 1984.	Neture of injury Hospitales Washington , B. Cue Marsh . 1837.
CAUS TION	19. UNDERTAKER & Casche Some	24. Was disease or injury in any way relate to accupation of deceased?
HOH	(Address) Refattentle ma	If so, specify frage of
	20. FILED Sept 1 (1957 Mrs. John W. to proser	(Signed) 2 terry M. D.
1)	D. L. Registrar.	(Address)
	11 more vianks are needed, address State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
WDDITIONAL	DIAKOL	TOTA	T O TO TATTITE	DITERRITIES	101	T TT T MINTOTALL

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH OCC item of plnods Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth? statement If U. S. Veteran, specify WAR RECORD. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Oay) classified. 5a. If married, widowed, or divorced HUSBANO of 22. CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Months Days If LESS than Years to have occurred on the date stated above, at, 1 day, ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... may plnods 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and that occupation \_\_\_\_\_ instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) in plain (State or country) What test confirmed diagnosis?\_\_\_. refully Was there an autopsy? MOTHER 15. MATOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE. plnods CAUSE OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury LION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased?. (Address) If so, specify (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RESERVED

MARGIN

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Cerebral hemorrhage	July 5,1927	Peritonitis   CFI	3 days ago
		1 3 1 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
Other contributory causes of importance:		Other contributory causes of importance:	12246
Gallstones	May 1,1923	Gastroenteritis	1 year
		L. Carrier and Car	

TION is very important. See instructions on back of certificate.

N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH 9009
1. PLACE OF DEATH	SERVINIONIE OF BEATTI
county Prair Teaple	Registration Dist. No. 230
	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidenca In city or town where death occurredyrsmo	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stillbry Unchely	If U. S. Veteran, specify WAR
(a) Residence: No. Aug Beruyu, wid	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
wale bolile Suiffe the word)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended decessed from
(or) WIFE of	acyus 2, 1937, to - 19
6. DATE OF BIRTH (month, day, and year) Quyun 12/837	I last saw h elive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trede, profassion, or perticular kind of work done as SPINNER.	C
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stillton
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decassad last workad et this occupation (month end	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town). Wes Bluy Wd (Stete or country)	-
13. NAME CILLET W. Urlliery  14. BIRTHPLACE (city or town). Ula fun g.	
14. BIRTHPLACE (city or town) U.L G	Nama of operation Date of
	What test confirmed diegnosis? Was there an autopsy?
E Doctor	23. If death wes due to externel causes (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicida, or homicida?
all similhem	(Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT  (Address)  (Address)	Spacify whethat injury occurred in INDUSTRI, in HOME, or in Public PLACE.
18. BUBIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place J. Ladenchus trafe lug 5, 193)	Neture of injury
10 HARTOTAKO F Lagada Sona	24. Was disease or injury In any way related to occupation of dacaased?
19. UNDERTAKER  (Address) Sygalteville mo	If so, spacify
100 mm (144 - 6/1027 1/145 - H)	(Signad) W. Oller Liftetty M. O.
20. FILED LUG-G. 19.3 Resistrar	(Address) Benevil, (100).

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: E   V E D	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street can AUG 5 1027	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BUREAU V. S. /	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

(Signed).

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) ....

(82-70)	
Registration Dist. No.	245
No Stolker thus first froms	. Ward
f death occurred in a hospital or institution, give its NAME instead of street	and number)
sds. How long in U.S. If of foreign birth?yrs	mosds.
If U. S. Veteran, specify WAR	
St. 3. Ward.	
If nonresident give city or town	
MEDICAL CERTIFICATE OF DEAT	Н
21. DATE OF DEATH	193 7
(Month) (Day)	(Year)
22. THEREBY CERTIFY, Plat t atte	ded deceased from
0/22/37.19 10 0/24/	97 19
liast saw h 4 efive on 8/24/37 19	; death is said
to have occurred on the dete steted above, et	
The PRINCIPAL CAUSE OF DEATH end related causes of importance	
were es follows:	Date of onset
apopley	8/23/3
-	
Other Contributory Cances of importance:	
Typulensin	
	7
thereoderses.	4
Neme of operation	of
What test confirmed diagnosis? Was there	e en eutopsy?
23. If deeth was due to external causes (VIOLENCE) fill in also the foll	owing:
Accident, suicide, or homicide? Date of injury	
Where did injury occur?	
(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State)
Menner of Injury	
Nature of injury	
24. Was disease or injury in any way releted to occupation of decease	200
If so, specify	

V. S. No. 1

(Address)

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